

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V17513** (5)

1. Corporation Name  
**ECI TELECOM AMERICAS INC.**



Principal Place of Business <b>1201 WEST CYPRESS CREEK RD. FT. LAUDERDALE FL 33309</b>	Mailing Address <b>1201 WEST CYPRESS CREEK RD. FT. LAUDERDALE FL 33309-1912</b>
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3. Date Incorporated or Qualified <b>02/27/1992</b>	3a. Date of Last Report <b>02/08/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3109750</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**SHECH AHARON**  
**1201 W CYPRESS CREEK RD**  
**FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81. Name <b>Armando Cuesta</b>	85. Zip Code <b>FL</b>
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Armando Cuesta* **Armando Cuesta** **25 February 1997**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	<b>RUBNER, DAVID</b>	
STREET ADDRESS	<b>30 HASIVIM STREET</b>	
CITY - ST - ZIP	<b>PETAH TIKVA, ISRAEL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KENNEDY, JOHN RICHARD</b>	
STREET ADDRESS	<b>120 WOODSTREAM COURT</b>	
CITY - ST - ZIP	<b>MAITLAND FL</b>	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHECH, AHARON</b>	
STREET ADDRESS	<b>5255 NW 109 WAY</b>	
CITY - ST - ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>INBAR, DORON</b>	
STREET ADDRESS	<b>30 HASIVIM STREET</b>	
CITY - ST - ZIP	<b>PETAH TIKVA, ISRAEL</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>MCVEIGH, CATHY N.</b>	
STREET ADDRESS	<b>548 E. LEHIGH DRIVE</b>	
CITY - ST - ZIP	<b>DELTONA FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>Doron Zinger</b>	
STREET ADDRESS	<b>30 Hasivim Street</b>	
CITY - ST - ZIP	<b>Petah Tikva, Israel</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cathy McVeigh* **Cathy McVeigh** **26 Feb 97** **407-331-5500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)